

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** WHISPERING PINES MANOR (0009462)

**Address:** 920 W 5TH ST, NEILLSVILLE, WI 54456

**License Status:** REGULAR

**Licensed/Certified/Registered** 12/07/2001

**Regional Office:** WESTERN REGION (EAU CLAIRE), (715) 836-4752

**Survey History**

**Survey ID:** 0093281      **End Date:** 08/11/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10006390    Served 09/01/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(c)	UTILITIES MEET LOCAL BUILDING CODES		
88.07(2)(b)5	MONITORING HEALTH		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(q)	MEDICATIONS		

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